



AUTHORIZATION TO PROCEED (ATP)

TO: *Pearson Educational Measurement*
FAX #: *(319) 358-4298*

VAAP VGLA VSEP Test Administration

Indicate Year: 20____

Please review each of the five statements below. Check the box to certify each task has been completed. Requests for ATP should not be submitted until all conditions below are met. When the conditions have been met, please fax to Pearson the completed, official ATP form signed by the DDOT and the division superintendent or designee.

- ☐ 1. Any duplicate test attempts for VAAP and VGLA have been resolved.
- ☐ 2. All student test alerts for this test administration have been resolved.
- ☐ 3. VSEP appeals have been submitted and processed.
- ☐ 4. All VAAP and VGLA request for rescore have been submitted, processed, and correct entry has been verified.
- ☐ 5. The ATP request has been submitted in PEMSolutions under the *Test Results* tab.

Division Name: _____ Division Number: _____

Division Director of Testing
Signature: _____

Division Director of Testing
(typed name): _____

Date: _____

Division Superintendent
or Designee's Signature: _____

Division Superintendent
or Designee (typed name): _____

Date: _____

For PEM Use Only:

ATP Verified and Accepted: ☐ Yes ☐ No

Verified By: _____

Date: _____